

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

ILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76	1					
27							77		1				
28							78			1			
29							79				1		
30							80					1	
31							81						1
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88	1					
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96	1					
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.	3					
TOTAL DEP.							TOTAL DEP.	3					
TOTAL CLAIMS							TOTAL CLAIMS	6					